

House of Representatives



NEWS MEDIA GROUP BADGE APPLICATION  
LEGISLATIVE SESSION 2014

**To be completed by all applicants**

*To receive a legislative media badge all applicants should not be an employee of an organization that engage in lobbying or paid advocacy, advertising, publicity or promotions for any individual, political party, corporation, organization or government agency and is a salaried staff correspondent, reporter or photographer regularly employed by a newspaper or television station. The television station or newspaper must verify each listed applicant's employment.*

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

Point of Contact(POC): \_\_\_\_\_

POC Telephone Number \_\_\_\_\_

POC Email Address: \_\_\_\_\_

Publication/Media website: \_\_\_\_\_

☐ Please check here for use of the current pictures on file per names listed? If not, please submit an electronic photo (Jpg format) via e-mail with name accompanied to our office at [HouseSgt.atArms@legis.la.gov](mailto:HouseSgt.atArms@legis.la.gov) If prefer to have a picture taken in our office, please call and schedule an appointment with us at 225-342-1228.

***Please list the full names, (as name only is to appear on badge) and Driver License (DL) number with state of employers for the 2014 Legislative Media Badge.***

- |           |           |
|-----------|-----------|
| 1. _____  | 2. _____  |
| 3. _____  | 4. _____  |
| 5. _____  | 6. _____  |
| 7. _____  | 8. _____  |
| 9. _____  | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |

☐ I certify the above information is correct and each name submitted should agree to abide by the rules and expectations of the Louisiana Legislature. Failure per listed names to abide by the above rules and expectations will result in the removal/revocation of credentials.

The cost per media badge is **\$10.00** . There is an additional **\$10.00** replacement fee for a lost badge.  
***We Do Not Accept Cash.***

***A single form of payment can be submitted per company group submission***

Please make **checks/money orders** payable to: **Louisiana House of Representatives.**

Please remit this form with your payment to:  
**Office of Sergeant At Arms-HOUSE**  
**P.O. Box 94062**  
**Baton Rouge, LA 70804**

**For Office Use Only:**

**For Office Use Only:**    **Date Paid** \_\_\_\_\_    **Payment method** \_\_\_\_\_    **Initials of SAA** \_\_\_\_\_